

UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF NORTH CAROLINA
DIVISION

Case No.: _____

Name of Plaintiff(s):

VERSUS

Name of Defendant(s):

Name and Address of Mediator:

Telephone No.:

REPORT

OF

MEDIATOR

The undersigned mediator reports the following results of a mediated settlement conference ordered in this case:

Conference ☐ was held.
☐ was not held. If not held, the reasons were: _____

Number of conferences held: _____ Date of conference was completed: _____

Place where conference was held: _____

Number of participants present: _____ Number of observers: _____

List name of parties, attorneys, insurance representatives, or other who were present: _____
SEE BACK OF FORM

The parties reached an: ☐ agreement on all issues.
☐ agreement on some issues.
☐ impasse.

If the case was not settled, estimated length of trial (number of days) _____

If there was partial agreement, list issues settled: _____

Any agreement reached will conclude the lawsuit as follows:

☐ by consent judgement.
☐ by voluntary dismissal(s).

If the case was settled, the documents to be filed, and the persons who are to file them are as follows:

- ☐ Consent Judgement
☐ Voluntary Dismissal With Prejudice
☐ Voluntary Dismissal Without Prejudice

Date:

Filed By:

Please return completed report to: Clerk of Court, POB 2708, Greensboro, NC
27402

MEDIATOR 'S FEE	
For Information purpose, please report the following:	
Total Travel Time: _____ Hours _____ Minutes	_____
Total Mediation Time: _____ Hours _____ Minutes	_____
TOTAL>	\$

All fees of the mediator have been paid except as follows:

Name of Party Owing Balance	Address of Party	Amount of Balance
		\$
		\$
		\$

PLAINTIFF(S): 	DEFENDANT(S):
PLAINTIFF(S) COUNSEL: 	DEFENDANT(S) COUNSEL:

I have mailed this report within seven (7) days after conclusion of conference to the Office of the Clerk.

Date:	Signature of Mediator:
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